Approved for use through 04/30/2008. DOS 8054-0031

U.S. Patent and Trashman. Ollice; U.S. DEPARMENT OF COMMERCE
Under the paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unitest of Septia year valled (MS count number).

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13	36(a) Docket Number (Optional)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)	37808-0011
Application Number 10/541,361	Filed 07/06/2005
OF NOVEL SURFACTANT AND ITS USE	
rt Unit 1796	Examiner Gregory Delcotto
his is a request under the provisions of 37 CFR 1.136(a) to extend pplication.	the period for filing a reply in the above identified
he requested extension and fee are as follows (check time period of	
<u>Fee</u>	Small Entity Fee
X One month (37 CFR 1.17(a)(1)) \$120	\$60 <u>\$_60</u>
Two months (37 CFR 1.17(a)(2)) \$460	\$230
Three months (37 CFR 1.17(a)(3)) \$1050	\$525 \$
Four months (37 CFR 1.17(a)(4)) \$1640	\$820 \$
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115
Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees	in this application to a Deposit Account.
The Director has already been authorized to charge fees The Director is hereby authorized to charge any fees whi	ich may be required, or credit any overpayment, to
The Director has already been authorized to charge fees The Director is hereby authorized to charge any fees whit Deposit Account Number 50-4257	ich may be required, or credit any overpayment, to have enclosed a duplicate copy of this sheet.
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comments on the amount or time you require to comprete this form shoot suggestions for reducing this current, should be seen to the Chief imministration with U.S. Patient and Trademark Orico, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.